

The **P**REVENTION CONNECTION N E W S L E T T E R

Prevention Programs and Individual Change

By Charles Horejsi, Ph.D. , Professor, Department of Social Work, University of Montana

When we discuss prevention programs, we usually refer to a set of actions, often at the community level, which will decrease the chances that a certain problem will develop. For example, in an effort to decrease addiction to tobacco, we might launch a community education campaign designed to inform community members about the dangers of smoking. To take another example, we may attempt to reduce child abuse by identifying and reaching out to high-risk families, then offering various support services. In any case, whether community programs are successful depends upon whether the prevention program stimulates, encourages, and supports an *individual's desire* to change. Desire is just the starting point: effective programs must also facilitate real change in the ways people function.

Prevention programs must be designed to bring about individual change. Although we can discuss and plan community-level changes, in the final analysis, we are seeking ways to change the thoughts, feelings and behavior of the *individual*. Whether or not an individual can and does make a particular change is a function of three major prerequisites: *motivation*, *capacity*; and *opportunity*.

Motivation—*In order to change, the individual must experience both the*

pull of hope and the push of discomfort.

It is helpful to view motivation as a perceived balance between a sense of hope and a sense of discomfort. For an individual to change, both must be present. For these purposes, *hope* can be defined as a firm belief that change is possible. At the same time, the individual must experience some discomfort, which can be defined as pain, frustration, or dissatisfaction associated with the current situation or behavior pattern. If the individual has hope but no significant discomfort, the efforts to change will be short-lived because change is inevitably difficult and frustrating. New Year's resolutions fail because we are filled with hope, but deep down, not all *that* dissatisfied. On the other hand, if there is pain and discomfort but real hope is lacking, there is little reason to take on the added discomfort of trying to change.

Capacity—Motivation in and of itself is not enough to generate change. One must also possess *capacities* for change, or the abilities, skills, prior experiences, attitudes and values prerequisite to change. Different types and combinations of capacities are required for making different types of change. Depending upon the type of change sought, an individual might need intellectual ability, the ability to read and write, the ability to make and follow a plan, self control, self awareness, the ability to lower personal defenses, skill in building relationships, or physical mobility, to name a few.

Opportunity—In addition to motivation and capacity, the *opportunity* to change must exist. Individual change always takes place within an environmental context. Opportunity, for these purposes, consists of the forces and factors within the community, family and social network that encourage and support change. On the other hand, an individual will lack the opportunity to change if his or her family, peer group, the job market, community attitudes and the like discourage and undermine efforts to change.

Summary—We cannot plan or design a prevention program at the community level without first examining our beliefs and assumptions about why, when, and under what circumstances individuals make changes—in thought and in deed. All three factors noted in this article—motivation, capacity and opportunity—are essential to the process. No amount of motivation can substitute for a lack of capacity or a lack of opportunity, and no amount of opportunity can make up for the lack of motivation.

The successful community prevention program, then, affects individuals by:

- increasing motivation for change,
- expanding capacities for change, and
- uncovering or developing opportunities for change.

The Jan and Vicki Column

Building a comprehensive prevention system can sometimes seem overwhelming, and figuring out how to sustain one can feel nigh on to impossible. That's why this issue of the *Prevention Connection* is dedicated to providing some nuts and bolts for your prevention toolbox. You will find tips from the field on involving youth, navigating the rocky coalition waters, finding reliable data sources and social marketing. We've also included academic advice on

youth development, community readiness, research and evaluation.

In June, the Interagency Coordinating Council on State Prevention Programs adopted their Guiding Principles for Effective Prevention. (Refer to page 22.) These principles are intended to bring together diverse languages and prevention systems, and are based on the Principles of Effectiveness supported by the Department of Education, Health and Human Services, and the Office of Juvenile Justice, and which are utilized by their respective state agencies. Incorporated into these guidelines are the

Communities That Care and Search Institute's *Healthy Community, Healthy Youth* models.

The Prevention Resource Center (PRC), too, is an important resource in the prevention toolbox, inasmuch as it assists communities and prevention agencies in piecing the prevention puzzle together. To this end, the PRC can assist with coordinating state policy, building community infrastructure, and providing resources.

We hope that you will come to view this issue as a valuable resource in your permanent prevention collection.

Jan and Vicki

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Good Soil: Eight Principles for Building Agreement

Submitted by Nedra Chandler, Montana Concensus Council

When the *Prevention Connection* asked me to write an article for this issue, they asked for tips on turf busting. "Turf busting?" I asked, conjuring up images of Montana's sod-busting homesteaders. As it turned out, I didn't have to start researching soil management. In this case, *turf busting* means *breaking down communication barriers between the various groups and individuals in a community so that problems can be addressed in the most comprehensive way possible*.

The assumption behind turf busting is this: if everyone (e.g., health departments, law enforcement professionals, school boards, city and county councils, environmental groups, churches, youth groups, business groups, state social service agencies) holds to their accustomed power bases and carries out business as usual, there is less likelihood of positive change than if these parties work together toward a common purpose. Examples of positive change might include reducing the number of youth who use tobacco or alcohol, reducing violent crime, or increasing the availability and quality of childcare. Sometimes it is enough for each

group to stick to its own turf and do the work it does best. But a collaborative approach to certain types of problems can lead to the development of a comprehensive strategy carried out over the long term. This can be very effective.

Once you've busted up the sod, what about building the turf? How do you nourish the soil so that effective cooperation grows among those who figure they rule a piece or two of community ground—metaphorical or actual? One of the most important nutrients is *contribution*. Let there be no doubt: if people feel they have participated in jointly developing a solution to a problem, they are more likely to stay committed and implement that solution. Researchers refer to this outcome as *durable*. If people feel the process was fair, if they were meaningfully included, and the substance of the issue is/was adequately addressed, then the outlook for a durable solution to a community problem is good.

With an eye to a durable, effective prevention program, how does a community develop a process that's fair, inclusive, and substantive? Here are eight principles for building agreement and cooperation across the various power bases of people that exist in any community.

Nuts & Bolts Issue

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Eight Steps to Building Agreement

| PRINCIPLE | COMMENTS AND CAUTIONS |
|---|--|
| 1) Agree on a purpose. | Make sure the purpose is clear and doable. People need a compelling reason to participate. Be choosy. Be ruthlessly practical. Don't try to build unanimous agreement unless it's truly necessary. Ask: <i>Do the participants agree about the purpose? Is a collaborative approach the best way to achieve this purpose?</i> |
| 2) Acknowledge that group work is hard work. | Group work takes more time and more patience than unilateral work and yet it's no secret that Montanans have meeting fatigue. Community leaders and others report that they don't have time for meetings that lack focus, run too long, or don't produce results. Still, there is often no better way than group work to solve community problems. How can this apparent tension be resolved? <i>Don't ask or expect people to commit intensive amounts of time for periods much longer than a year.</i> |
| 3) Acknowledge alternatives to group work, if they exist. | Don't expect any party to participate if they feel that there is an easier, more effective, or better way to achieve their goals. Demonstrate respect for every party's right to participate – <i>or to choose not to participate</i> . Alternatives to group work might include: hiring an independent consultant, filing a lawsuit with other like-minded parties or pursuing legislative changes through lobbying elected officials. |
| 4) Jointly decide on the rules that will guide your work together. | <p>Don't rush to solutions until you have agreement on specifics of the process. Remember the purpose; listen respectfully and keep an open mind. By far, the most common mistake groups make is in avoiding the question: <i>How will we work together?</i></p> <p>People are leary of spending too much time on procedures and process; such time is commonly undervalued, yet it <i>must</i> be invested. We humans are impatient, but we care about process. <i>Will it be fair? Will it be a safe place to express my perspectives? Will the time spent be worthwhile or will I curse the day I got involved?</i></p> <p>The key question is, "What do we mean by agreement?" Spell it out. Will you use a consensus-based approach whereby participants seek unanimous agreement? Which parties must agree? Are there particular seats at the table for representative groups or is each meeting for whoever can make it? Will you vote?</p> <p>Jointly craft and adopt the ground rules. Define basic etiquette and procedure. Listen respectfully and keep an open mind. Agree on a basic work plan - know <i>who</i> is going to do what, and by when, but adapt and revise the plans as needed. Consider asking a volunteer or paid facilitator to assist with this step — or call the Montana Consensus Council to get examples of ground rules and work plans adopted by other working groups.</p> |
| 5) Insist on accountability. | Hold yourselves accountable to the ground rules and work plan. Don't let untrustworthy behavior pass unnoticed. Every participant must take some responsibility for whether or not the group is making acceptable progress. Toward this end, don't let poor participation, inept facilitation, or lack of leadership go unaddressed. Find a diplomatic yet direct way to correct the problem and move forward. |
| 6) Make sure the process is inclusive. | Find meaningful, practical ways for all stakeholders to have a say in the process and in the results. If you are looking for ways to reduce drug use by youth, for example, don't forget to involve young people in the process. Be thoughtful about how you ask for involvement and the kind of input you seek. If you ask for public comment, be sure to show how it influenced your decision. |
| 7) Encourage joint fact finding. | Avoid the my-solution/your-solution wars. Build a common understanding of the issues <i>before</i> generating specific options to solve the problem. Don't assume a uniform level of understanding—start by jointly gathering and interpreting information. Strive for easy and equal access to that information. Consider using field trips, panel discussions, focus groups, and peer reviews to help build a common information base. |
| 8) Commit to implementation of results. | Clarify the participants' commitments. Don't forget to talk about <i>how</i> the prevention plan is actually going to be funded and carried out. Identify implementation roles and responsibilities; monitor and evaluate the results. <i>And remember: mistakes and missteps are inevitable. Learn from them and move on.</i> |

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- A list of Montana Consensus Council publications is available upon request.
- Visit the Council's website, under construction at www.mt.gov/MCC

Notes From the Edge . . . Mountain Climbing in Meagher County

By Bethlyn Jaramilla, VISTA

Nestled between the Big Belts and the Castle Mountains is Meagher County and the community of White Sulphur Springs. In this mountainous county, a coalition has been created that was big enough to change the way people think about youth. AmeriCorps*VISTA members were the catalysts for this community action. Here are the “nuts and bolts” of how this change was accomplished.

The original Volunteers In Service To America (VISTA) project in Meagher County was introduced in 1997. Although the residents of Meagher County are extremely friendly, they are also very independent. Launching a three-year project that required consensus building, long-range planning and youth/adult partnerships seemed, at first, an insurmountable mountain.

The first leg of the climb was made by Alison Means, an AmeriCorps*VISTA from South Dakota. Alison had several obstacles to overcome before she could even introduce the project, which was to establish a community-wide prevention coalition that focused on alcohol and drug abuse among youth. The first year was the most critical stage of the entire project. Since Alison was an outsider in a community that did not have a clue what a VISTA is, she spent her first few months educating people about VISTA. The next step was to develop local contacts, which was somewhat difficult because of limited onsite supervision. Alison's involvement in various projects and her success in *getting things done* inspired the community to latch on to her. She ultimately extended her term of service by six months.

During Alison's last few months, preparation embraced opportunity. The *Governor's Summit on Youth* introduced the five fundamental resources for youth, and opened an avenue through which the community could create a coalition. Alison had already worked

with different groups, and had helped coordinate a team for the *Governor's Summit on Youth*. This was the beginning of a community coalition geared to the betterment of youth.

A few months later, AmeriCorps* VISTA, Matt Lapierre, from Massachusetts, was assigned to Meagher County for the second leg of the climb. Matt started many new programs and provided a number of direct services. In a small community, direct service is essential to successful relationships between VISTAs and the community, and yet it should never interfere with the main job of the VISTA.

“VISTA assignments should not reflect the delivery of individual services to a limited number of clients or activities. Rather, assignments focus on building the capacity of private citizens, non-profit organizations, and communities to respond to problems confronting communities in need. VISTA members serve as community and organizational developers, assisting in creating or expanding programs, and mobilizing community resources to sustain program initiatives.”

By the time Matt arrived, the enthusiasm of the Governor's Summit Team, which had already worked for almost two years, was winding down. The Summit Team had reached a plateau and seemed unable to continue when Matt learned that Communities That Care (CTC) training was available. His rapport with community members inspired a substantial number of key leaders to attend the CTC training, a number which included most of the Summit Team's delegation.

Bethlyn Jaramilla, a VISTA from California, arrived to make the third and



last leg of the climb in Meagher County, and to complete the original project. Bethlyn was warmly accepted and had an easier transition than had been experienced by previous VISTAs. By this time, key leaders and Summit Team

members were ready to start CTC training. Community members had a better understanding of the VISTA program and the nature of the project to be accomplished. Relying on their experience, community members helped and encouraged Bethlyn to focus on the main project.

For her part, Bethlyn coordinated trainers to bring CTC training to Meagher County and helped keep key leaders motivated. As a more diverse group of people in the community became involved and began working together, the Prevention Coalition formed. The CTC training was instrumental in this evolution because it solidified the group, provided training for key leaders, and helped members find ways to implement the five fundamental resources for youth.

The Coalition provides the vehicle by which adolescent problem behaviors are identified and community prevention plans initiated. As this three-year VISTA project comes to an end, newly elected officers will continue the climb.

From our place on the mountain, we can see many of the accomplishments made during the three years of VISTA service. The Prevention Coalition is now ready to stand on its own. Through the VISTAs, Meagher County learned how to locate resources available to children and families, and established contact with pertinent agencies all over the state. The VISTAs served as wonderful role models for Meagher County youth. And thanks to three unique, young and energetic AmeriCorps*VISTA members, Meagher County now has a clear view of the summit.

The Thin Line Between Prevention and Treatment

By Jason Swant, Prevention Specialist, Boyd Andrew Center for Chemical Dependency Care, Helena

I was recently asked, "What is the difference between prevention and treatment?" Without much consideration, I answered, "Prevention is delaying the occurrence of a particular event to avoid a certain outcome."

True enough, but my explanation left me wondering if I really knew for certain the difference between prevention and treatment. To find clear definitions for substance abuse, prevention and treatment, I went straight to the Webster's. The root word of *prevention* is *prevent*, which means to keep from happening or existing. The root word of *treatment* is *treat*, which means to care for or deal with medically or surgically. I needed clearer definitions related to substance use and abuse, so I turned to the medical community. What follows is the best of what I found for prevention and treatment.

The American Society of Addiction Medicine's Patient Placement Criteria for the Treatment of Substance Related Disorders, also known as the ASAM PPC-2 states: "Prevention and early intervention services are a set of planned activities, services, or other measures intended to prevent or reduce the prevalence, severity, and/or consequences of mental and addictive disorders. They are intended to prevent or delay episodes of illness and disability in order to avoid more extensive and costly services later on. These services are generally aimed at the general population (primary prevention) or targeted to identified high-risk groups (secondary prevention), and are, from a public health perspective, seen as an essential component of any comprehensive health care system."

The definitions created by the Institute of Medicine's Committee on Prevention of Mental Disorders offer an important insight as to the difference between prevention and treatment.

"Prevention is a set of activities

aimed at a universal, selected, or indicated population. Treatment is service provided to an individual who has an identified mental disorder, including chemical addiction."

The Institute of Medicine's (IOM) Committee on Prevention of Mental Disorders (1994) also set forth a services typology for mental disorders, including addictive disorders. The typology identifies three categories of interventions: Preventive, Treatment and Maintenance.

Preventive interventions are services designed to reduce the probability of development of clinically demonstrable substance abuse and mental health problems. They consist of:

- (1) **universal interventions targeted to a population group that has not been identified on the basis of individual risk (e.g., substance abuse prevention curricula required of all public school students);**
- (2) **selective interventions targeted to individuals or a subgroup of the population whose risk of developing clinical problems is significantly higher than average (e.g., bereavement support groups for low-income widows and widowers, life skills programs for chronically-truant students); and**
- (3) **indicated interventions for individuals with minimal but detectable signs or symptoms foreshadowing mental or substance use disorders (e.g., parent-child interaction training for children identified as having persistent conduct problems).**

Treatment interventions are therapeutic services designed to reduce the length of time a disorder exists, halt its progression of severity, or if that is not possible, to increase the length of time between acute episodes. The IOM typology divides treatment into the categories of:

- (1) **case identification; and**
- (2) **treatment for the identified disorder, to include interventions to reduce the likelihood of future co-occurring disorders.**

Maintenance interventions are generally supportive, educational, and/or pharmacological in nature and are provided on a long-term basis to individuals who have met DSM diagnostic criteria and whose underlying illness continues. The two components of maintenance interventions are:

- (1) **the provision of rehabilitative aftercare, and**
- (2) **support of patient compliance with long-term treatment to prevent recurrence of acute incidents.**

While the IOM typology provides clarity on the difference between prevention and aftercare treatments, it also demonstrates how the two are connected. Prevention and treatment are directly connected when a prevention activity is the active agent causing an individual to seek treatment.

Prevention activities are successful when an individual maintains a "no use" position, self-implements a positive change, or seeks treatment. When designing prevention activities, the goal is to promote positive change in the substance use behavior of a given population. As prevention service providers, we work to prevent or reduce the prevalence of substance use, abuse and addiction within one of the three, universal, selected, or indicated populations.

Enough said. But the next time someone asks, "What is the difference between prevention and treatment?" I'll be ready!

A Funding Stream Runs Through It: Missoula's Last, Best Prevention Coalition

By Greg Oliver, Missoula City-County Health Department and Rosie Buzzas, Forum Coordinator and State Legislator

Perhaps all of you can reel off a litany of initiatives requiring community partnerships. In recent years, Missoula has worked on several, including:

- Board of Crime Control funding requiring a juvenile justice partnership;
- A federal grant focusing on juvenile justice;
- *America's Promise* encouraging a partnership around five key components;
- Private foundation support for Flagship Schools;
- Developing proposals for CSAP and Safe Schools grants;
- The recent CIP and tobacco prevention RFPs; as well as
- Projects focusing on child abuse prevention and early childhood related services.

Finally, several of Missoula's leaders were inspired to come up with the "last, best prevention coalition," one that would be ongoing no matter which grants were currently in town. We deliberated about how to create a sustainable infrastructure that could help us take advantage of opportunities, yet remain flexible and supportive enough to respond to various funding stipulations. Looking for a lasting infrastructure, we found that we liked many elements of the Tahoe model championed by Roger Volker. Some pragmatic goals of this model included:

- reducing redundancy and overlap of concerns;
- saving children, youth and family workers from extra meetings;
- building a long-term framework that was more coherent and connected;
- building overall relationships, trust, common vision, and a shared history of small successes;
- providing and sharing any new data being collected; and
- practicing longer range planning that would help us get ahead of the "grant" game.

A steering committee was formed and

the *Forum for Children and Youth* initiated. The Forum is ongoing, though it has worn out a few names along the way (dropping them like snake skins). It is admittedly a work in progress—an experiment—but it shows definite promise. Essentially, the Forum is a coordinating umbrella that covers everyone in Missoula who is working on, or interested in, issues common to children, youth and families. Forum work takes on every imaginable focus, even if it doesn't work on an issue directly. Most work gets done with smaller partnerships that focus on topics like mentoring, substance abuse prevention, healthy start, positive youth development, school based services, juvenile justice, tobacco . . . partnerships that are autonomous or nearly so. The Forum assists these efforts in a variety of ways. So far, the Forum has given birth to Flagship Schools, an extended school model helping the community link with students and provide positive nonschool hour activities. The Forum has also spawned a number of collaborative efforts, and has helped Missoula raise millions of dollars.

Current objectives:

- 1) Enhance communication and build linkages within Missoula children, youth, family (CYF) systems using monthly newsletter *On the Same Page*, an e-mail tree, visits with key players, and various meetings.
- 2) Champion positive child and youth development through the Speaker's Bureau, outreach to groups, linkages with state efforts, action groups, and by organizing with students at schools.
- 3) Improve community underage substance use response (particularly environmental strategies).
- 4) Assist collaboration within the CYF system by serving as a neutral advocate for good process and inclusion, by attending various meetings in representation of the interests of the whole and by developing grant proposals.
- 5) Assure CYF assessment and evaluation.

All in all, the Forum seems pretty healthy. Luck and key people have come in at critical junctions to help keep the ball rolling. The challenges it has faced include those usually associated with coalitions:

- Some of our best work is nearly invisible.
- It's hard to maintain the resources necessary to support a staff person.
- It's difficult to decide which new funds go to which existing organizations.
- Significant in-kind contributions are required from community players.
- There is lots of turnover in CYF system, so we must frequently incorporate new players.
- Truly inclusive processes require time; consensus can be tough to develop.
- Effective coalitions require neutral, effective, impartial, trusted leadership and that is hard to find.
- There is unequal power in the system.
- Categorical funding presents an ongoing challenge that often discourages partnership maintenance.
- All members are very busy.
- Turfism and protectionism exist.
- Deciding where and when the Coalition should take stands.
- Engaging key policymakers.

We would love to put our heads together with those of you doing similar work. All communities can benefit by envisioning large-scale partnerships that are not grant driven. Perhaps we could even create a state-wide guild of prevention coalition practitioners that meets once or twice a year to compare notes, talk about common challenges and share training.

For more information, contact Rosie Buzzas at 543-2961, UWMC@mars.web.com, Website: www.co.missoula.mt.us/measures. To contact the Forum: Forum@ho.missoula.mt.us

Searching for Funds



A simple place to begin your funding search is by way of the Foundation Center. They have compiled *The Foundation Directory*, an annual reference that contains information on private, and community grant foundations in the United States. This directory can be found in four locations here in Montana: the State Library in Helena, MSU Billings Library, the Bozeman Public Library and the University of Montana's Maureen and Mike Mansfield Library. The Foundation Center also offers a CD-Rom that makes searching for funding sources a breeze. Just ask the librarian about it!

In general, foundations fall into one of four categories—independent, company-sponsored, operating, and community foundations.

- Independent foundations are established to assist social, educational, religious, or other charitable activities.
- Company-sponsored foundations are legally independent organizations with close ties to the corporation providing the funds.
- Operating foundations use their resources to perform research or to supply direct services.
- Community foundations are publicly sponsored organizations that make grants for social, educational, religious, or other charitable purposed in a specific community or region.

State and federal grants are also avenues to funding, and these vary just as foundation grants do. You can find an updated listing of possible foundation, state, and federal grants on the Prevention Resource Center's webpage, www.state.mt.us/prc. Go to "Resources" then to "Grants" or "Funding Toolbox" for links to other funding information sites.

Source Cited: *The Foundation Directory 2000 Edition*. Jacobs, David G. Compiled by The Foundation Center. New York, 2000.

Cooperating Collections of the Foundation Center

Montana State University—
BILLINGS
Library - Special Collections
1500 North 30th St.
Billings 59101-0298
(406) 657-2046
www.msubillings.edu/grants

Bozeman Public Library
220 E. Lamme
Bozeman 59715
(406) 582-2402
www.mtb.mtlib.org

Montana State Library
Library Services
1515 E. 6th Ave.
Helena 59620
(406) 444-3004
www.msl.mt.gov

University of Montana
Maureen & Mike Mansfield
Library
Missoula 59812-1195
(406) 243-6800
www.lib.umont.edu

Starting Your Funding Search

Coalition for Healthier Cities and Communities

- healthycommunities.org

Illinois Federal Clearinghouse

- www.state.il.us/state/fedclear/

Montana Board of Crime Control

- www.bccdoj.doj.state.mt.us/grants/index.htm

RFP Bulletin: Receive notification of new RFPs via e-mail.

- fdncenter.org/pnd/rfp/index.html

SAMHSA

- www.samhsa.gov/GRANT/0100titles.htm

The Foundation Center

- fdncenter.org

The Grants Alert

- www.msubillings.edu/grants/grantsalert.htm

The Prevention Resource Center

- www.state.mt.us/prc/grants/grants.htm

Philanthropy Search

- www.PhilanthropySearch.com/

Sample Funding Sources

Ahmanson Foundation

- www.jointogether.org

Anne E. Casey Foundation

- www.aecf.org/initiatives

Community Incentive Program (CIP)

- www.state.mt.us/prc/cip2.htm

Dennis and Phyllis Washington Foundation

- Contact: PO Box 7067 Missoula, MT 59807-7067 (406) 523-1300

Ford Foundation

- www.fordfound.org

Gifts in Kind International

- www.GiftsInKind.org

Jessie Smith Noyes Foundation

- www.noyes.org

Montana Community Foundation

- fdncenter.org/grantmaker/gws_comm/comm_mt.html

Montana Power Foundation

- www.mtpower.com/Community/cm_foundation.htm

Ms. Foundation for Women

- www.ms.foundation.org

Northwest Area Foundation

- www.nwaf.org

Pew Charitable Trusts

- www.pewtrusts.com

Public Welfare Foundation

- www.publicwelfare.org

Target

- www.targetcorp.com/community/comminv.asp

William Randolph Hearst Foundation

- fdncenter.org/grantmaker/hearst/

Avenues to Adulthood

"Fully prepared and fully engaged—not just problem-free."

Positive youth development is the process; prevention is the result. The needs of youth provide the starting point. **Positive youth development** is a proactive process that helps young people prepare to meet the challenges of adolescence and adulthood. It employs a coordinated, progressive series of activities and experiences, which helps young people become socially, morally, emotionally, physically, and cognitively competent.¹

In contrast to deficit-based models that focus on youth problems, the positive youth development approach focuses on *what's right*. Youth are seen as future parents, neighbors, and workers who need maximum adult involvement, and encouragement to grow into productive, contributing adults.²

Our goal is to create healthy environments where people can thrive and flourish. In particular, youth-serving systems must foster healthy development and relationships. **Positive experiences provide consistent engagement.** When it's done right, young people become partners and resources rather than objects or recipients.

Positive youth development can be

accomplished, in part, through high quality out-of-school youth development programs. These encourage the development of the life skills and values that will help youth face the challenges of adolescence and, later, to take on the independence and responsibilities of adulthood. Such experiences might include after-school education programs, leadership development, mentoring, youth clubs, sports and recreation activities, child welfare and community service activities. In a sense, this is the heart of prevention theory: when young people have access to safe and healthy youth development activities, they are less likely to become involved in the high-risk, unhealthy behaviors that can delay or derail positive youth development.³

As we have been slow to learn, efforts that rely on risk reduction strategies fail to adequately prepare young people to assume productive roles as adults. Karen Pittman of the Washington-based International Youth Foundation has observed that problem-free is not necessarily fully prepared or fully engaged.⁴ If youth are to fulfill their greatest potential, they must have opportunities to be involved in meaningful ways that impact their everyday lives.

Positive youth development is

about creating supportive communities for young people. It is also about empowering youth to actively engage in their own development, while contributing to the well-being of the larger community. Instead of being prescriptive, positive youth development is sensitive to the differing needs of youth. Adults function as coaches and facilitators—"the guide on the side, not the sage on the stage" as Bill Lofquist puts it.⁵

The greatest success is achieved when positive youth development starts early and is sustained throughout adolescence. Youth empowerment and program quality go hand in hand. Whenever a program's focus shifts from inclusion and youth empowerment to program—or to grant-driven needs, the positive focus on youth development goes right out the window.

Young people are hungry to contribute in meaningful ways, but have traditionally lacked the influence and power to do so. Over 25 years of research and practice in positive youth development has shown that in valuing youth, families and communities, we can help ensure that youth will be safe, lead healthy and productive lives, while making positive contributions to their communities.

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Positive Youth Development Programs:

- promote bonding through the support and guidance of caring adults;
- promote competence—social, emotional, moral, behavioral, and cognitive;
- facilitate mastery of skills;
- cultivate a positive sense of personal identity;
- provide for meaningful engagement;
- foster a sense of hope and belief in the future;
- provide a sense of personal safety and belonging;
- foster a sense of spirituality
- value the contributions of young people;
- promote self-determination;
- foster a sense of personal responsibility; and
- promote a sense of personal influence and efficacy.

Sources Cited

¹ From the Younger Americans draft legislation, Sec. 103-13. For the full text, visit the National Youth Development Information Center web site at: <http://www.nydic.org>

² Della Huges & Susan P. Curnan. (2000). Community Youth Development: A Framework for Action. *Community Youth Development Journal*, 1, 7-11.

³ See Milbrey McLaughlin's recent publication "Community Counts: How Youth Organizations Matter for Youth Development." Washington, D.C.: Public Education Network, 2000.

⁴ Pittman, Karen. (1999). The power of youth engagement. *Youth Today*, 8 (September): 63.

⁵ William A. Lofquist. (1989). *The Technology of Prevention*. Tucson: Associates for Youth Development.

Improving Montana's Communities: *VISTAs' Tips for Engaging Youth*

The Prevention Resource Center VISTAs (Volunteers In Service To America) were asked for the tips they've picked up through their experience in working with youth throughout Montana. VISTAs work with youth on the community level every day, and like many others in the field, have run into stumbling blocks when trying to gain youth participation. The following ideas have worked for Montana's community VISTAs. We hope they'll work for you too!

Choose Meaningful Projects

- Discover a project that has meaning for youth, something they are really *passionate* about.
- Find out what the *youth* want. If you aren't getting any support from youth, chances are, you're not doing something they care about. Go to them *directly* and ask what it is they would most like. If you do, you will be much more likely to get support and assistance.
- Identify their goals, as well as ways in which adults can help.
- Let them get involved with something they identify with.

Offer Respect

- Involve youth in *all* aspects of the project—responsibility, responsibility, responsibility!

- Allow them to express their imagination and creativity.
- Treat youth as equals. Respect them enough to keep them informed about any problems. Don't assume that they won't understand or won't be able to handle an "adult" issue. If they *don't* understand right off the bat, take time to explain it so that they do.
- Give amounts of responsibility equal to levels of maturity.
- Match the volunteer to an appropriate task, given their background.
- Be honest.
- *Don't be an adult!* "Adults don't ask kids what they want; they tell them what they need." Get youth input.

Break It Down

- Develop long- and short-term goals for the project. If you lay out an outline and show how to get from point A to point B, you'll be more successful. Like the rest of us, youth want short-term gratification. Many don't have a concept of the tremendous work involved in a large project, so keep them informed. Provide an outline and discuss the obstacles that might lie ahead as well as the ways they can help overcome those obstacles.
- Make sure that project completion yields tangible results.
- Have black and white objectives.
- Follow through promptly. No matter how you outline it, youth still want immediate results. So make sure that you

follow through as quickly as possible from your end, while reminding them to hold up their end. That way, they can begin seeing results. Remember: youth will notice if you don't follow through.

Communicate

- Reiterate ideas, but don't be redundant.
- Use e-mail.
- Keep their interest; use anything novel and humorous.
- Have an involved adult leader who has rapport with kids.
- Honor the input youth provide.
- Guide—don't lead.
- Make yourself available for more than projects; you're also a mentor.

Reward Hard Work

- Make youth commitment and accomplishments known to the broader community and recognize them for what they're doing.
- Give lots of verbal praise and recognition, and provide great rewards such as food and prizes.
- Make sure they recognize the rewards. For example, let them know that volunteering looks good on references, résumés, and college applications.
- Bring food!
- Get them extra credit through teachers, if possible.
- Communicate how making a commitment to service gives a stake in the community (connectedness).
- Be honest about the end results of service and address expectations.

Positive Youth Development

Every Montana community has a number of activities and programs that can best be described within the context of positive youth development. These efforts can be informal or formal, tend to operate independently from one another, and include:

- Positive youth-adult interaction (mentoring)
- Positive non-school hour activities

Community service

Good examples include 4-H, church groups, part-time jobs, Little League, sports, summer recreation programs, after school programs, Big Brothers Big Sisters

Clearly, Montana's communities and prevention efforts would benefit by treating these efforts holistically or as a collective community resource. What is difficult to accomplish individually can become reality through collaboration. Consider the following possibilities:

- 1) Supportive overall linking/connecting infrastructure;
- 2) New revenue streams;
- 3) Training and support programs;
- 4) Design and implementation of ongoing marketing and public awareness campaign; and
- 5) Community assessment that details positive services by residence and by child within an elementary school district.

Montana Prevention Needs Assessment (PNA)



Among the objectives of the Montana Prevention Needs Assessment (PNA) Project is gathering the data necessary to assess levels of risk and protective factors present in Montana. The PNA Project collects data, performs analysis, reports findings and provides limited assistance to communities in utilizing the data. Although the primary focus is adolescent alcohol and drug use prevention, also addressed are delinquency, youth violence, teen pregnancy and school drop-out issues.

An anonymous school survey is one of the data sources used to determine risk and protective factor levels.

The student survey is conducted in even-numbered years. The first survey was conducted in October 1998, the second in March 2000. In year 2000, almost 19,000 valid student responses were received to 145 questions related to alcohol, tobacco and other drugs. Individual school district results were provided to superintendents of participating schools in May, and state-wide results for the March survey are expected to be available by September.

Social indicators are also considered, because they have positive correlations with adolescent substance use.

A total of 35 indicators have been isolated from a list of over 100. Social indicator data is collected annually, when possible, for each year beginning with 1990. The data are routinely gathered at state and county levels. In June 1998 all of the information was organized into one database that can be accessed by local community stakeholders via the internet.

Social indicators include such information as the amount of alcohol beverage tax, alcohol related traffic fatalities, school drop-out, and the numbers of juvenile drug-related arrests. While information on actual rates provides interesting indicator-by-indicator analysis, it does little to help assess the relationship of different indicators to each other, or the relationship of a group of indicators to a given risk factor. These relationships are critical to prevention planning.

Comparative Rates

Information about a community is most useful when it can be compared to other, similar, communities, or to a region of which it is part. For this reason, data is presented at a variety of levels.

Comparisons also require the calculation of rates, which show the extent of the problem within a given population, and provide controls for differences in population size. Rates are calculated by dividing a numerator (the number of events or occurrences) by a denominator (the total population or universe relevant to the numerator) and multiplying by a constant. Multiplying by 100, for example, provides a rate per hundred, or percentage.

Having controlled for differences in population size by using rates, the county or region can compare its rates to the rates of other areas. Typically, counties compare themselves to a state rate, even though the state rate is heavily influenced by the populations of a few large population centers—a bias that becomes particularly important when urban rates differ substantially from rural rates.

External Influences

Increases in the number of reports of a problem behavior can be due, in part, to enhanced public awareness of that behavior. For example, calls to Child Protective Services tend to rise after a highly publicized child abuse death. Such increases probably do not signal dramatic changes in underlying rates. More likely, increased reporting reflects growing public awareness and increased willingness to report.

Changes in the supply of services may also result in increased rates, even though actual problem levels may not increase. For example, in an area where there is high demand for substance abuse treatment, a new or expanded treatment facility would allow more persons to be served. Although the number of people being served rises, the real, underlying need for treatment may not have changed at all.

Interpreting the Data

Rate Patterns: A first interpretive step within a given county is to look at all of the indicators representing a risk factor

in order to determine whether or not there is a consistent pattern. If all of the data surrounding a particular risk factor falls above or below state or regional rates, or the rates found in comparable counties, one could assume that the risk factor exists at a relatively high level. Likewise, lower than average rates on all risk indicators would suggest that risk levels for that factor are lower in the county.

If indicators for a single risk factor in the same county point in different directions, knowledge of local conditions is necessary for interpretation. For example, overall poverty rates may be lower than the state average in a particular county, but the rate of persons who have exhausted their unemployment benefits is high. This would probably mean a generally good job market, but one that holds a concentration of people lacking the skills to find or keep work in that market.

Information about a county's relative standing on particular risk and protective factors need not be the only criterion from which needs assessment and planning decisions are made. Another consideration is the absolute level of each risk factor. For example, even if a county's high school dropout rate is below the state average, it may still be unacceptably high. To the extent that this risk factor is known or believed to be a strong predictor of problem behaviors, and to the extent that it affects a significant number of individuals, it may still be an appropriate target for prevention.

Notes:

The Montana Prevention Needs Assessment Project (PNA) was established under a federal grant (contract number 277-97-6001) from the Center for Substance Abuse Prevention (CSAP).

If you are interested in obtaining the statewide PNA report you can contact the Chemical Dependency Bureau at (406) 444-3964 to request a copy.

Further research on risk and protect factors: Communities That Care, J. David Hawkins, Richard F. Catalano, Jr., and Associates, Jossey-Bass Publishers, 1992.

For more information, please refer to the PNA website at: http://oraweb.hhs.state.mt.us:9999/prev_index.htm.

Community Resource Documentation

Submitted by Jen Hemmingson, Intermountain Evaluation

Community Resource Documentation (CRD) is a process designed to determine the number and type of community-based prevention services in an identified geographic area, as well as to point out programming gaps and redundancy. CRD shows how different communities address the adolescent problems of substance abuse, youth violence, school dropout, and delinquency, and is comprised of a series of interviews and questionnaires administered to key informants within a targeted community. Respondents include program and agency directors, school personnel and city government officials.

Early on in the process, introductory letters are sent to agencies explaining the survey process and asking permission to call to schedule an interview. Some of the information that will be requested of the respondent is detailed in a mailing that goes out a week or more before the interview is scheduled. Typically, the first interview is conducted with the director of the lead prevention agency in a community. The director is then asked to identify other prevention agencies and programs within the community and to provide contact information for each resource. The CRD has a snowball effect in terms of its sampling technique, as it gathers information and identifies additional community resources as it progresses. Sampling continues to occur until there is category saturation and additional interviewing would only prove redundant.

The **agency interview** is unique from the other interviews in that it addresses collaboration within the community, organization of coalitions and the number and types of agencies and prevention programs extant. The agency interview also solicits information about resource allocation and acts as a cornerstone for all other community interviews. In addition to the agency interview, there are interviews for coalitions, local policies and ordinances, and programs. School building surveys are also administered.

The **coalition interview** is similar to the agency interview, but puts more focus on the factors that contributed to coalition formation. The information gathered addresses the coalition participants' coordination efforts, collaboration with other com-

munity organizations, and the barriers and successes encountered in its progression from concept to an active element within the community.

The **local policies and ordinances interview** focuses on community regulations and norms that exist in the community, including alcohol use and sales, tobacco use and sales, youth regulations regarding curfews and truancy, taxation and advertising on substances, and laws addressing illicit drugs. The interview also inquires about the respondent's background and experiences related to the prevention of adolescent problem behaviors.

School surveys are subdivided into high school, middle school, elementary school, and Kindergarten through Grade 12 categories. Each is concerned with written policies on drug use (including alcohol, illicit drugs and tobacco), weapon use, student's social and academic behavior and the policies for preventing, monitoring, and addressing each concern. The interview also asks about parental involvement, parent training, student tutoring, classroom curricula, and intervention services designed to aid students with academic or behavioral difficulties. Interview questions speak to policy making and to the school's efforts to address each of the above issues.

Program Interviews are divided into seven categories:

- After school recreation
- Community policing
- Early childhood
- Mentoring
- Parent training
- Prenatal and infancy
- Youth employment

Telephone interviews are administered to program directors. The information requested has a number of common elements, including program collaboration, respondent background, program mission, target population, scope and sequence, as well as the program's goals and objectives. The balance of the information sought is program-specific. Documentation is also requested at the time of the interview, and includes brochures, budget reports, annual reports or evaluation reports, which are gathered as archival data.

To contact Jen Hemmingson, call (406) 457-0379.

A Few Good Data Sources

National Center for Health Statistics

www.cdc.gov/nchswww/nchshome.htm

Combined Health Information Database

www.chid.nih.gov

Kids Count 1999 (Annie E. Casey Foundation)

www.aecf.org/kidscount/index.htm

Guide to the Bureau of Justice Statistics

www.ojp.usdoj.gov/bjs

Montana Prevention Needs Assessment

oraweb.hhs.state.mt.us:9999/prev_index

Montana Department of Commerce: Census and Economic Information Center

www.commerce.state.mt.us/ceic

Montana Statistical Table on Vital Events

vhsp.dphhs.state.mt.us/dph_r3

Urban Institute

www.urbaninstitute.org

Behavioral Risk Factor Survey

www.dphhs.state.mt.us/hpsd/pubheal/disease/behavrf

Youth Risk Behavior Surveillance System

www.cdc.gov/nccdphp/dash/yrb/dapaproducts.htm

Census Bureau

www.census.gov

Healthy Communities, Healthy Youth

Submitted by Dick Timm, District Representative, Lutheran Brotherhood, Billings

Regardless of the specific label, all positive youth development programs help empower youth. Positive youth development is the thread that weaves together the asset-building, vibrancy, resiliency and risk/protective factor models. Just as the Five Fundamental Resources (caring adults, safe places and activities, physical and mental health, marketable skills and opportunities for service and civic participation) have been the centerpiece of *Montana's Promise*, the Search Institute's has developed its own list of the 40 Developmental Assets needed for positive youth development.

The Search Institute started surveying children and youth in grades 6 – 12 in 1989, using its *Profiles of Student Life: Attitudes and Behaviors* tool. Over a million students have been surveyed since then, and the data has been used to build the 40 Developmental Assets Model (see next page). The assets are divided into two categories: twenty internal, and twenty external.

The Search Institute launched Healthy Communities, Healthy Youth (HCHY) in 1996, at which time the Lutheran Brotherhood became the national corporate sponsor. The Brotherhood has continued in that capacity ever since. HCHY promotes a proactive – as versus a reactive – approach to positive youth development. Research demonstrates that the more assets youth have, the less they are at risk. The fewer the assets, the greater the risk. Parents, teachers, relatives, friends, neighbors and youth-serving organizations can all help build assets.

HCHY supports existing programs and organizations, but is not intended to replace those programs. A good example is the current collaboration between *Montana's Promise* and HCHY. The joint effort has been successful from the community level all the way up to the state



level. By combining resources, each group has been able to magnify their efforts and accomplishments. Search was also instrumental in the development of the Five Fundamental Assets for *America's Promise* and that particular collaboration continues today.

Here in Montana, as well as at the national level, 4-H is in the process of incorporating the 40 Developmental Assets in conjunction with their 8 Critical Elements of Youth Development. The county agents in Montana have been given the asset information, and a number of other

organizations throughout the state are currently working with or considering the asset model. Several Montana communities, including Red Lodge and Kalispell, have local HCHY initiatives.

There are numerous Lutheran Brotherhood volunteers and resources available in Montana to help communities and organizations start or sustain an initiative. For information and assistance, call: 1-888-655-9886.

An excellent example of positive youth development approach in action comes from the Red Lodge Youth Council. This council brings youth and adults together to develop a youth master plan in conjunction with the schools, city council and Boys and Girls Clubs. The master plan is based on the Search Institute Asset Model.

"Whatever it is you want from young people, you must give them."

– Anonymous

The Importance of Assets

Peter Benson, Search Institute President, developed the concept of developmental assets. This concept builds on the work of experts in the fields of prevention and child/teen development. The idea of assets is new because it pulls results from various experts and research projects together in a meaningful way. Asset-building is a practical approach because it offers a way for everyone to help children and teens building strong, happy lives. Most people agree that the concept of the 40 Developmental Assets makes sense, and yet research indicates that the average young American is exposed to only about eighteen of the forty assets.

The more assets present in a young person's life, the more likely he/she will be to make positive choices. Assets serve as powerful protective factors, and help keep young people from engaging in a wide range

of risk behaviors, including premature sexual activity, alcohol, tobacco and other drug use, and antisocial behavior including violence. Assets can also help protect youth who have experienced such negative environmental factors as peer pressure, stress, abuse or alcoholism in the home. Clearly, assets can't eradicate these experiences, but they can help balance out the negative influences.

Flathead CARE, a drug prevention organization, and Safe and Drug Free Schools have joined forces to build the foundation of development for youth in their community.

For more information about the Search Institute and the 40 Developmental Assets in action, contact:

*DeAnn Thomas, Director
Flathead CARE and Safe & Drug
Free Schools
P.O. Box 370, Kalispell, Montana
caresdfs@onyx.digisys.net*

THE FORTY DEVELOPMENTAL ASSETS

| ASSET TYPE | ASSET NAME & DEFINITION | |
|-----------------------------|----------------------------------|--|
| EXTERNAL ASSETS | | |
| SUPPORT | FAMILY SUPPORT | FAMILY LIFE PROVIDES HIGH LEVELS OF LOVE AND SUPPORT |
| | POSITIVE FAMILY COMMUNICATION | YOUNG PERSON AND HER OR HIS PARENT(S) COMMUNICATE POSITIVELY, AND YOUNG PERSON IS WILLING TO SEEK ADVICE AND COUNSEL FROM PARENT(S). |
| | OTHER ADULT RELATIONSHIPS | YOUNG PERSON RECEIVES SUPPORT FROM THREE OR MORE NONPARENT ADULTS. |
| | CARING NEIGHBORHOOD | YOUNG PERSON EXPERIENCES CARING NEIGHBORS. |
| | CARING SCHOOL CLIMATE | SCHOOL PROVIDES A CARING, ENCOURAGING ENVIRONMENT. |
| | PARENT INVOLVEMENT IN SCHOOLING | PARENT(S) ARE ACTIVELY INVOLVED IN HELPING YOUNG PERSON SUCCEED IN SCHOOL. |
| EMPOWERMENT | COMMUNITY VALUES YOUTH | YOUNG PERSON PERCEIVES THAT ADULTS IN THE COMMUNITY VALUE YOUTH. |
| | YOUTH AS RESOURCES | YOUNG PEOPLE ARE GIVEN USEFUL ROLES IN THE COMMUNITY. |
| | SERVICE TO OTHERS | YOUNG PERSON SERVES IN THE COMMUNITY ONE HOUR OR MORE PER WEEK. |
| | SAFETY | YOUNG PERSON FEELS SAFE AT HOME, AT SCHOOL, AND IN THE NEIGHBORHOOD. |
| BOUNDARIES AND EXPECTATIONS | FAMILY BOUNDARIES | FAMILY HAS CLEAR RULES AND CONSEQUENCES, AND MONITORS THE YOUNG PERSON'S WHEREABOUTS. |
| | SCHOOL BOUNDARIES | SCHOOL PROVIDES CLEAR RULES AND CONSEQUENCES. |
| | NEIGHBORHOOD BOUNDARIES | NEIGHBORS TAKE RESPONSIBILITY FOR MONITORING YOUNG PEOPLE'S BEHAVIOR. |
| | ADULT ROLE MODELS | PARENT(S) AND OTHER ADULTS MODEL POSITIVE, RESPONSIBLE BEHAVIOR |
| | POSITIVE PEER INFLUENCE | YOUNG PERSON'S BEST FRIENDS MODEL RESPONSIBLE BEHAVIOR. |
| | HIGH EXPECTATIONS | BOTH PARENT(S) AND TEACHERS ENCOURAGE THE YOUNG PERSON TO DO WELL. |
| CONSTRUCTIVE USE OF TIME | CREATIVE ACTIVITIES | YOUNG PERSON SPENDS THREE OR MORE HOURS PER WEEK IN LESSONS OR PRACTICE IN MUSIC, THEATER, OR OTHER ARTS. |
| | YOUTH PROGRAMS | YOUNG PERSON SPENDS THREE OR MORE HOURS PER WEEK IN SPORTS, CLUBS, OR ORGANIZATIONS AT SCHOOL AND/OR IN COMMUNITY ORGANIZATIONS. |
| | RELIGIOUS COMMUNITY | YOUNG PERSON SPENDS ONE HOUR OR MORE PER WEEK IN ACTIVITIES IN A RELIGIOUS INSTITUTION. |
| | TIME AT HOME | YOUNG PERSON IS OUT WITH FRIENDS "WITH NOTHING SPECIAL TO DO" TWO OR FEWER NIGHTS PER WEEK. |
| INTERNAL ASSETS | | |
| COMMITMENT TO LEARNING | ACHIEVEMENT MOTIVATION | YOUNG PERSON IS MOTIVATED TO DO WELL IN SCHOOL. |
| | SCHOOL ENGAGEMENT | YOUNG PERSON IS ACTIVELY ENGAGED IN LEARNING. |
| | HOMEWORK | YOUNG PERSON REPORTS DOING AT LEAST ONE HOUR OF HOMEWORK EVERY SCHOOL DAY. |
| | BONDING TO SCHOOL | YOUNG PERSON CARES ABOUT HER OR HIS SCHOOL |
| | READING FOR PLEASURE | YOUNG PERSON READS FOR PLEASURE THREE OR MORE HOURS PER WEEK. |
| POSITIVE VALUES | CARING | YOUNG PERSON PLACES HIGH VALUE ON HELPING OTHER PEOPLE. |
| | EQUALITY AND SOCIAL JUSTICE | YOUNG PERSON PLACES HIGH VALUE ON PROMOTING EQUALITY AND REDUCING HUNGER AND POVERTY. |
| | INTEGRITY | YOUNG PERSON "TELLS THE TRUTH EVEN WHEN IT IS NOT EASY." |
| | RESPONSIBILITY | YOUNG PERSON ACCEPTS AND TAKES PERSONAL RESPONSIBILITY. |
| | RESTRAINT | YOUNG PERSON BELIEVES IT IS IMPORTANT NOT TO BE SEXUALLY ACTIVE OR TO USE ALCOHOL OR OTHER DRUGS. |
| SOCIAL COMPETENCIES | PLANNING AND DECISION MAKING | YOUNG PERSON KNOWS HOW TO PLAN AHEAD AND MAKE CHOICES. |
| | INTERPERSONAL COMPETENCE | YOUNG PERSON HAS EMPATHY, SENSITIVITY, AND FRIENDSHIP SKILLS. |
| | CULTURAL COMPETENCE | YOUNG PERSON HAS KNOWLEDGE OF AND COMFORT WITH PEOPLE OF DIFFERENT CULTURAL/RACIAL/ETHNIC BACKGROUNDS. |
| | RESISTANCE SKILLS | YOUNG PERSON CAN RESIST NEGATIVE PEER PRESSURE AND DANGEROUS SITUATIONS. |
| | PEACEFUL CONFLICT RESOLUTION | YOUNG PERSON SEEKS TO RESOLVE CONFLICT NONVIOLENTLY. |
| POSITIVE IDENTITY | PERSONAL POWER | YOUNG PERSON FEELS HE OR SHE HAS CONTROL OVER "THINGS THAT HAPPEN TO ME." |
| | SELF-ESTEEM | YOUNG PERSON REPORTS HAVING A HIGH SELF-ESTEEM. |
| | SENSE OF PURPOSE | YOUNG PERSON REPORTS THAT "MY LIFE HAS A PURPOSE." |
| | POSITIVE VIEW OF PERSONAL FUTURE | YOUNG PERSON IS OPTIMISTIC ABOUT HER OR HIS PERSONAL FUTURE. |

Source: The asset definitions shown in this chart are based on research on adolescents (6th to 12th grades).
 Search Institute <http://www.search-institute.org/>



Communities That Care



Communities That Care (CTC) is an operating system that provides research-based tools to help communities promote the positive development of children and youth, and to prevent adolescent problem behaviors including substance abuse, delinquency, teen pregnancy, school drop-out and violence. CTC is unique in that it is inclusive, engaging all areas of the community in promoting healthy development. It is proactive in that it targets early predictors of problem behaviors rather than waiting until they become entrenched. It is based on rigorous research from a variety of fields including sociology, psychology, education, public health, criminology, medicine and organizational development. Rather than taking a cookie-cutter approach, CTC is also community specific. Each community uses its own data-based profile to craft a comprehensive, long-range plan geared to strengthening existing community resources and filling identified gaps.

CTC takes a science-based approach that parallels the public health model of prevention. The use of data-based predictors is firmly grounded in the successful public health approach, which has contributed to the significant reduction in death rates from heart and lung disease in the past thirty years. Social researchers are now applying the same preventive model to rising levels of health and behavior problems among young people.

Research has identified nineteen risk factors that are reliable predictors of adolescent risk behaviors. (See page 15.) Dr. David Hawkins and Dr. Richard Catalano of the University of Washington have accomplished much of the groundbreaking research relative to risk and protective factors. Identification of risk factors was based on a review of over thirty years of research across a variety of disciplines. The risk factors included in the Communities That Care model have been shown in multiple, longitudinal studies to be reliable predictors of one of the five adolescent health and behavior problems: substance abuse, delinquency, school dropout, teen pregnancy, and violence.

CTC is based on the use of best practices and provides the tools needed to measure levels of risk factors. The model helps guide the selection of priority risk factors



upon which a strategic plan can be focused, then goes on to help communities track progress toward desired changes.

Best practices are those strategies, activities or approaches shown through research and evaluation to effectively prevent and/or delay the emergence of adolescent problem behaviors. No single best practice will be successful in every community. Comprehensive best practices must address prevention strategies in all local levels—at the community, family, school and individual/peer levels.

The Western Regional Center for the application of prevention technologies web site has compiled a list of best practices and guiding principles. These can be viewed at: http://www.open.org/best_practic.htm www.open.org/bestpractic.htm

The Communities That Care system includes five distinct phases.

Phase One: Key Leader Orientation (KLO)

- Define the community to be mobilized.
- Identify the key stakeholders.
- Map current community conditions, activities and initiatives.
- Inventory building blocks and stumbling blocks.
- Recruit a champion.

Phase Two: Community Board Orientation (CBO)

- Introduce the system and involve.
- Engage and educate key stakeholders.
- Develop a vision for the future of the community's children.
- Create an organizational structure to facilitate movement toward the vision.

Phase Three: Develop a Data-Based Profile (Risk & Resource Assessment)

- Collect data on risk and protective factors, as well as problem behaviors.
- Analyze the data to determine which risk factors are most significant when compared to state and na-

tional figures, and to determine which risk factors are showing unwanted trends.

- Inventory and assess community resources currently devoted to addressing priority risks and to enhancing protective factors. Begin with the resources already in place to help identify duplication and overlap, to raise awareness and to acknowledge community assets. The resource inventory and assessment also help identify programming and service gaps.

Phase Four: Develop a Plan (Promising Approaches)

- Use the risk and protective factor profile to develop clear, measurable outcomes. Collect and analyze data to measure progress toward desired outcomes.
- Review promising approaches shown to be effective. Use the review to enhance or improve existing resources and to implement new promising approaches to fill identified gaps.
- Plan for evaluation. Develop a plan to collect and analyze data to measure progress toward desired outcomes.

Phase Five: Implement the Plan

- This is where the "rubber meets the road," and a comprehensive, communitywide strategic plan is put into place.
- Implement action plans.
- Building/sustain collaborative relationships among key stakeholders.
- Develop information and communication systems that will support a collaborative approach.
- Educate and engage the entire community so that everyone has a significant and valued role to play in plan implementation.
- Monitor progress toward desired outcomes.
- Celebrate successes.

For more information about *Communities That Care*, contact: Jackie Jandt, Community Incentive Program Project Coordinator, Department of Public Health & Human Services (406) 444-7920

Correlation Between Risk Factors and Adolescent Problem Behaviors

| Risk Factors by Domain | Adolescent Problem Behaviors | | | | |
|--|------------------------------|-------------|----------------|-----------------|----------|
| | Substance Abuse | Delinquency | Teen Pregnancy | School Drop-Out | Violence |
| Community | | | | | |
| Availability of Drugs | √ | | | | √ |
| Availability of Firearms | | √ | | | √ |
| Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime | √ | √ | | | √ |
| Media Portrayals of Violence | | | | | √ |
| Transitions and Mobility | √ | √ | | √ | |
| Low Neighborhood Attachment and Community Disorganization | √ | √ | | | √ |
| Extreme Economic Deprivation | √ | √ | √ | √ | √ |
| Family | | | | | |
| Family History of the Problem Behavior | √ | √ | √ | √ | √ |
| Family Management Problems | √ | √ | √ | √ | √ |
| Family Conflict | √ | √ | √ | √ | √ |
| Favorable Parental Attitudes and Involvement in the Problem Behavior | √ | √ | | | √ |
| School | | | | | |
| Early and Persistent Antisocial Behavior | √ | √ | √ | √ | √ |
| Academic Failure Beginning in Late Elementary School | √ | √ | √ | √ | √ |
| Lack of Commitment to School | √ | √ | √ | √ | √ |
| Individual / Peer | | | | | |
| Alienation and Rebelliousness | √ | √ | | √ | |
| Friends Who Engage in the Problem Behavior | √ | √ | √ | √ | √ |
| Favorable Attitudes Toward the Problem Behavior | √ | √ | √ | √ | |
| Early Initiation of the Problem Behavior | √ | √ | √ | √ | √ |
| Constitutional Factors | √ | √ | | | √ |

Montana's Youth Risk Behavior Survey: *Where We're Heading*

The Youth Risk Behavior Survey (YRBS) is Montana's most comprehensive look at the health risk behaviors of its youth. Since 1991, the Montana Office of Public Instruction has been instrumental in conducting the Youth Risk Behavior Survey among students in grades 9 through 12. Self-report surveys are completed by students on a random, anonymous and voluntary basis. Approximately 15,000 students have participated each time the survey has been given, which means that Montana YRBS trend data is based on the responses of approximately 75,000 student respondents.

After the surveys have been completed, the Centers for Disease Control and Prevention (CDC) analyzes the self-reported data. If participation is high enough, "weighted data"—or a representative sample—is generated. This allows researchers to use the results to make inferences about the health risk behaviors of the entire grade 9-12 student population.

Developed by the CDC in the late 1980s, the YRBS is currently used in over forty states nationwide. The survey includes six broad behavioral areas that put youth at greatest risk for health and social problems during adolescence and adulthood. These risk behaviors are also the leading causes of death, illness, injury, and/or social problems in our country, and include:

- 1) behaviors that result in unintentional and intentional injuries;
- 2) tobacco use;
- 3) alcohol and drug abuse;
- 4) sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancies;
- 5) physical inactivity; and
- 6) dietary behaviors.

What we know about the health of Montana's kids:

The YRBS has shown that too many youth are involved in health risk behaviors:

they are using tobacco, alcohol and other drugs, and they are having sex. Many students report engaging in more than one risk behavior. The survey tells us something even more important: *significant numbers of our youth are not involved in risk behaviors.* Many Montana youth don't drink, don't smoke or use drugs, don't have sex and do

Even as we focus on health risk behaviors, it is crucial to remember that in most cases, the majority of Montana's kids are *not* engaging in risk behaviors.

use seatbelts. This success is the foundation we have to build upon, one that we can utilize to further positive youth development in our communities. Because peer acceptance and peer involvement are very important to youth, it is imperative that they realize that *not all kids are doing it*, whatever risky behavior "it" may be.

What can we tell about our kids from the 10 years of the YRBS?

When considered over a period of ten years, some trends stand out, positive and negative. The majority are heartening. The positive changes are especially good news in light of the efforts of the numerous school and community programs attempting to deal with these behaviors. On the positive side:

- Seatbelt usage has increased.
- Carrying weapons has decreased.
- Carrying a weapon at school has decreased.
- Fighting has decreased.
- Considering planning or attempting suicide has decreased.
- Ability to buy cigarettes in a convenience store, gas station, or supermarket has decreased, and more students have been asked to show proof of age.
- Smokeless tobacco use on school property has decreased.

- Drinking for the first time by those 12 or younger has decreased.
- Sexual intercourse has decreased. Also, sexual intercourse for the first time when 12 years or younger has decreased.

— Those having multiple sex partners decreased.

On the negative side:

- Frequent smoking has increased.
- Binge drinking has gradually increased.
- Marijuana use has gradually increased.
- First use of marijuana at age 12 or younger has increased.
- Current marijuana use has gradually increased.
- Cocaine use has gradually increased.
- Exercise or activity time in physical education has decreased.

What can we make of these trends?

The health enhancing behaviors we practice as adults—including exercise, eating right, and abstaining from tobacco—were generally initiated during adolescence. The older a person is when making a lifestyle change, the more difficult it is to make and the less chance that it will be sustained. That is one of many reasons that make it crucial that we work together . . . as parents, schools, and communities . . . to provide programs that will promote healthy behaviors among our children and adolescents.

Submitted by:

*Spencer Sartorius, Administrator
Susan Court, Health/HIV Specialist
Richard Chiotti, Program Director,
Health Enhancement and
Safety Division
Office of Public Instruction*

From the Bookshelves:

The Well-Stocked Prevention Library

By Kirk Astroth, Ph.D.

Though there's no way a reading list could ever be complete, I believe the following books are "must haves" in any prevention library.

1. ***Primary Prevention Works*** Edited by George W. Albee and Thomas P. Gullota. Thousand Oaks, CA: Sage Publications, 1997.
 - A superb compendium of what really works in prevention in all fields, with ample research citations. This book offers information relative to the whole age continuum from infant and toddler programs to school-age and adult programs.
2. ***The Careless Society: Community and Its Counterparts*** by John McKnight. New York: Basic Books, 1995.
 - This critical look at our society contends that institutions fail to adequately support communities, keep them too weak to be effective and thus foster a nation of clients. This book is McKnight's call to action to overthrow the diagnosing of America and the politicalization of health care.
3. ***Raising Self-Reliant Children in a Self-Indulgent World: Seven Building Blocks for Developing Capable Young People***, by H. Stephen Glenn and Jane Nelsen. Rocklin, CA: Prima Publishing, 1988.
 - A trainer who has been in Montana on numerous occasions, Glenn has developed a solid, research-based approach for helping adults work effectively with youth. Tested and proven, his "significant seven" are keys to working with people.
4. ***Common Purpose: Strengthening Families and Neighborhoods to Rebuild America*** by Lisbeth Schorr. New York: Anchor Books, 1997.
 - A compelling description of what works and why we have so little of it. This book is a follow-up to Schorr's earlier book, *Within Our Reach*, but goes well beyond the first work to suggest alternative prevention practices.
5. ***Urban Sanctuaries: Neighborhood Organizations in the Lives and Futures of Inner-City Youth***, by Milbrey W. McLaughlin, Merita A. Irby and Juliet Langman. San Francisco: Jossey-Bass, 1994.
 - The results of an ethnographic study of what works when high-quality neighborhood organizations engage youth as partners, thereby creating positive outcomes in youth development.
6. ***Smoke and Mirrors: The War on Drugs and the Politics of Failure*** by Dan Baum. Boston: Little Brown and Company, 1996.
 - A controversial journalistic work about America's "war on drugs" and the dismal results of that "war." Baum points out that under the Clinton Administration more tax dollars went to wage the war on drugs than to fund the combined budgets of the Commerce, Interior and State departments. Even so, Americans are consuming more drugs than ever before.
7. ***Boys Will be Boys: Breaking the Link Between Masculinity and Violence*** by Myriam Miedzian. New York: Doubleday Books, 1991.
 - A compelling analysis of the precursors of male violence in America and of what can be done to curb the trend. This was one of the early books that explored the role of missing fathers and the influence of the media on legitimizing a culture of violence.
8. ***The Scapegoat Generation: America's War on Adolescents*** by Mike Males. Monro, Maine: Common Courage Press, 1996.
 - You may not agree with everything Males lays out in this provocative book, but you've got to admit he knows his data. Needless to say, he uses the equivalent of a jack

hammer to drive home his point: kids today are healthier, happier and better adjusted than their parents or any other previous generation. Give 'em a break!

9. ***America's Youth in Crisis: Challenges and Options for Programs and Policies*** by Richard M. Lerner. Thousand Oaks, CA: Sage Publications, 1995.
 - A developmental argument for prevention approaches, based on positive youth development concepts and integrated approaches. Lerner lays out a strong case for community collaborations to support youth and families, and presents some key principles of successful prevention programs.
10. ***Reclaiming Youth at Risk: Our Hope for the Future*** by Larry K. Brendtro, Martin Brokenleg and Steve Van Bockern. Bloomington, IN: National Education Service, 1990.
 - Although the oldest book in my top ten list, this book still provides the most holistic approach to prevention, and capitalizes on Native American wisdom and practice. This book is a classic.
11. ***Orbiting the Giant Hairball*** by Gordon MacKenzie. New York: Viking Press, 1996.
 - Yeah, yeah . . . I know what you're thinking. This isn't ten books, but I had to include this one on the list. This foundational book should be on every bookshelf. It's the practical guide to surviving and thriving in a crazy, bureaucratic world. Read the others, then read this. You'll gain a whole new perspective on life.

Happy reading!



Community Readiness and Needs Assessment Exercise

Developed by Jeff W. Linkenbach, Ed.D. and Jeff D'Atri, Ed.D., 1999
"Improving health and safety by communicating positive norms."

Social norms marketing is the process of applying marketing concepts to social and health issues by promoting the positive norms practiced by the majority of a group. Simply put, it is communicating that MOST of Us™ are already practicing health! The following questions are designed to help community stakeholders think through some of the key aspects of developing and supporting a community social norms campaign. Those who will be active in the implementation and operation of the campaign should complete the questions.

1. What is/are the primary goal(s) of your social norms marketing campaign?
2. Who is the most appropriate group to target for change? What are the size, geographic location, and key demographics?
3. What behavior(s) do you wish to change in this target group?
4. How would you measure this change? Over what period of time?
5. Are there any behavior and perceptions data available which would be helpful in developing a social norms majority message?
6. If you were to make a guess, what would your media message say?
7. What credible data and information might back your message?
8. Have there been any local efforts that are similar to your planned social norms campaign? If so, what has/has not worked and why?
9. Are there any other campaigns or programs operating in your community that could positively or negatively impact your campaign?
10. Make a list of local, regional and national resources that can assist your campaign.



11. Who are the key people that could assist with your campaign? This becomes your "campaign team."
12. Are there any groups/agencies/businesses that you should partner with in order to enhance the credibility of your campaign?
13. What resources do you have?
14. What resources do you need?
15. Where will the resources be obtained?
16. Who will acquire the resources?
17. What would be your vision of the campaign beyond the initial funding period?
18. How important is campaign sustainability to the community and to your organization?
19. What campaign challenges and difficulties do you foresee?
20. What campaign opportunities do you foresee?
21. What methods (market strategies) will you utilize to get the campaign message to the target population?
22. Would your market strategies ensure that your target group would receive enough exposure to your message to achieve your goals?
23. How long would your campaign need to run in order to achieve your behavior change goals?
24. How will you evaluate the success of your campaign?
25. What do you anticipate your future technical assistance needs might be?



The 7-Step Montana Model on Social Norms Marketing* *The Process in a Nutshell*

- 1. Planning and Environmental Advocacy:** Establish the overall scope and direction of the campaign through research and planning.
- 2. Baseline Data:** Analyze the data available and gather additional data.
- 3. Message Development:** Derive campaign (normative) messages from the baseline data.
- 4. Market Plan:** Look through the eyes of the target population, then develop delivery strategies to correspond with the beliefs of that population.
- 5. Pilot Test and Refine Materials:** Test messages for accuracy and effectiveness.
- 6. Implement Campaign:** Distribute materials and implement campaign through an interactive community-based process.
- 7. Evaluation:** Gather qualitative and quantitative data in support of the ultimate goal of changed behavior among the target population.
(*Linkenbach, 1998)

For the unabridged version of the 7-Step Model or for more information on the Montana Social Norms Project, visit the MOST of Us™ website at www.mostofus.org or call (406) 994-7873.

Building Successful Prevention Programs

Tips For Making Decisions About Evaluation Methods

1. Stay focused on the questions that you want to answer and select appropriate methods for answering those questions. Don't select your method before selecting your question!
2. Consider available resources. Usually, there is more than one way to collect information about any particular question. Some methods involve more time, money, and effort than others. Make realistic decisions based on your resources.
3. Be sensitive to the types of participants and the kinds of information you are collecting. Some information may place participants at risk if it becomes public (e.g., reporting illegal activity). Other people or groups may be sensitive to certain questions: be sure to consider how respondents will feel if asked for particular information.
4. Consider credibility: How credible will your evaluation be as a result of the methods that you have chosen?
 - Is the instrument valid? That is, does it measure what it claims to measure? Do the questions make sense for your program?
 - Is the instrument reliable? That is, will it provide the same answers if administered at different times or places?
 - Are the methods suitable for the target group being studied?
 - Are the methods biased toward finding only positive results?
5. Does your program have the necessary expertise to collect the information?
6. How important is a particular piece of information, in context with the overall evaluation plan?
7. Who is going to use the information? What type of information is most likely to be understood and considered credible—statistics, human stories, or case descriptions? In most cases, users find a mix of data/numbers and narratives most useful.

These recommendations were adapted from the W.K. Kellogg Foundation, and can be found on the CAPT web page (<http://www.open.org/~westcapt/ev5a4.htm>) **Western Regional Center for the Application of Prevention Technologies**

Evaluation and the Logic Model

Evaluation: *the systemic efforts to collect and use program information to determine how well the program is functioning.*

Good evaluation provides useful information about program functioning and contributes to program improvement. In order to do a good evaluation, the type of program and the ways in which information will be used must be considered. One way to accomplish this is through the development of a "logic model."

A logic model is a chain of events, a series of ordered actions that are logically linked. Logic models begin with a clear specification of the situation, problem or issue, then lays out what a program is expected to achieve and how it is expected to work. The logic model will include the following components:

- a. **Goals:** the risk and protective factors being addressed
- b. **Strategies:** the procedures and activities that will be implemented
- c. **Target Population:** those who will participate in or be influenced by the program
- d. **Theory of Change:** the assumptions about *why* change will occur

- e. **Short-term Outcomes:** the immediate changes expected
- f. **Long-term Outcomes:** the final results

Involving as many key stakeholders as possible in developing the logic model may bring out divergent opinions on the best way to reach goals. Engaging in dialog about expected outcomes, and how to achieve those

In your logic model, identify the information needed to answer each evaluation question in a way that is clearly definable and measurable.

outcomes, makes it possible to acknowledge differences. This helps begin the work of building consensus. Working together on a logic model can also help build ownership, help stakeholders recognize the limits of what the program can do, and illuminate the ways in which other community factors influence the achievement of long-term goals.

The Logic Model

- Develops understanding relative to:
 - what the program is;
 - what it is expected to do; and
 - the measures of success that will be used.
- Helps monitor progress by tracking changes. This allows replication of success and avoidance of mistakes.
- Serves as a framework through which to identify appropriate evaluative questions and data needed.
- Helps program planners become more deliberate in their actions and identify assumptions requiring validation.
- Is a simple communication piece useful in portraying and marketing the program.

Programs are rarely implemented exactly as planned. They are changed, adapted, and improved through trial and error. The logic model will provide a snapshot of these changes. Regular review and updating are important to tracking progress, highlighting necessary modifications in the work or the model, and communicating *what* the program is doing.

Adapted from the evaluation section of the Western CAPT's website: "Building a Successful Prevention Program." www.open.org/~westcapt/evaluate.htm

Writing Goals

The terms *goal*, *objective*, *outcome*, and *impact* are used in different contexts for a variety of purposes. For the purposes of this article, it is useful to think of *goals* as the answer to the question, “What are issues that you would like the program to address?” An example might be addressing existing community laws and norms relative to alcohol, tobacco and other drug (ATOD) use. Think of *outcomes* as the answer to, “What changes will occur as a result of your program?” (e.g., to increase the number of community residents who believe teenage smoking is dangerous.

Often, a program will have several different kinds of outcomes, including:

- (a) short-term or immediate outcomes, sometimes called *objectives*; and
- (b) long-term outcomes, sometimes called *impacts*.

One common problem in thinking about program goals is worrying too soon about how the goal will be measured. Be very clear about defining the goals first, without worrying (yet) about measuring them.

Short-Term Goals: These outcomes are the *immediate* program effects expected soon after program completion. For example, immediately after completion, a drug information campaign can be expected to raise students’ level of awareness of drug-related issues.

Long-Term Goals: Outcomes, on the other hand, are the long-term or ultimate effects of a program. Let’s follow our drug information program example one step further. Increasing students’ level of awareness may be the immediate outcome, but the increased knowledge may ultimately play a hand in preventing or reducing student drug use, which would be considered a long-term outcome. Research indicates that a

number of factors including knowledge, attitudes and policy must change and a great deal of time must pass before change, or impact, on drug use can be measured.

Issues in Defining Outcomes

- There is no right number of outcomes. The outcomes selected by your collaborative will depend upon its nature and purpose, as well as its resources, size, and the number of constituencies represented.
- The more immediate the outcome, the more influence the program has over its achievement. In a parent-training program, for example, changes in participants’ knowledge about substance abuse might be largely attributable to the education and training provided by the program.
- Conversely, the longer an outcome takes, the less direct influence a program will have on achievement, and the more likely extraneous forces are to intervene. The extent of the final outcome of decreased adolescent ATOD use is influenced by a variety of factors in the socio-cultural, political, and economic environments.
- Because other forces affect an outcome doesn’t mean the results shouldn’t be counted. Despite the influence of other factors on ATOD use, a program may wish to measure and track outcomes to understand the rates of use in the community. Effects may result from a convergence of many factors, including the specific program being implemented.
- Long-term outcomes should not extend beyond the program’s purpose or target audience. Think about what the program is designed to do—where its influence is likely to be felt—and focus outcome measurements there. Likewise, keep the out-

come measures focused on the target audience. In a drug-education program in a middle school, for example, reductions in ATOD use would be expected for that school, but not for the city as a whole.

- Another common problem in thinking about program goals is confusing *outputs* with *outcomes*. This is an important distinction.

Outputs refers to the specific activities a program uses in order to generate change. Outputs might include how many clients were served, teachers were trained, or community events implemented. These might be called *implementation goals*. They are programmatic goals that describe what gets done. These can usually be described in terms of how much or how many.

- *Outcomes* are the measurable evidence of change. Outcomes measure the changes that occur as a result of the activities (outputs) of the program. Measurable outcomes might be produced among individuals, or within communities or systems.

Thanks to Nora Luna, Project Manager, Western Center for the Application of Prevention Technologies.

The Western Region Center for the Application of Prevention Technologies (WestCAPT) is one of five regional centers funded by the Center for Substance Abuse Prevention. WestCAPT assists states, jurisdictions, and community-based prevention programs in the Western Region to apply scientifically-defensible strategies in their efforts to prevent substance abuse. For more information, visit their website at: http://www.unr.edu/west_capt/intro.html

Interagency Coordinating Council (ICC)

Membership List

The **role of the ICC Council member** is to achieve the ICC Mission: *create and sustain a coordinated comprehensive system of prevention services in the state of Montana*. Council members oversee and approve the strategies set forth to accomplish this mission. Montana State agency members also provide financial support for council operations.



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Interagency Coordinating Council on State Prevention Programs Guiding Principles of Effective Prevention

Strategy

✿ Respect Community Perspective

- ✓ Keep in mind the prevention approach is community-driven and rooted in the *community's* vision for prevention.
- ✓ Recognize *cultural considerations*—community-based values, traditions and customs—in guiding prevention efforts.

✿ Coordinate Approach

- ✓ Create a strategy that considers a full range of prevention programs and provides opportunities to *collaborate*.

✿ Target Efforts

- ✓ Design prevention strategies to *develop assets or enhance protective factors and reverse or reduce known risk factors*
- ✓ *Focus on domain(s) or areas:* School, Community, Family, Individual/ Peer

✿ Design Research-Based Programs

- ✓ Base prevention programs on *demonstrated effectiveness (success), the promise of effectiveness and established best practices and research.*

Accountability

✿ Assess Need

- ✓ Use *objective data* to identify trends, demographics and related problems.

✿ Set Goals and Measurable Objectives

- ✓ Base objectives on community needs assessment
- ✓ Establish *long-term goals, short-term objectives and benchmarks* to measure the extent to which prevention efforts are effective.

✿ Evaluate

- ✓ *Evaluate progress* toward goals and objectives.
- ✓ Provide a basis to *modify and strengthen the plan* defined by the community.

Mission

**To create and sustain
a coordinated and
comprehensive system of
prevention services in the
state of Montana.**

A Prevention Glossary

Assets: Resources that help youth grow up strong, capable and caring, including positive relationships, opportunities, competencies, values, and self-perceptions.

Asset Building: Any action or activity carried out by an individual, family, organization, or community that contributes to the development of assets among children.

Benchmark: A specified reference point used when a given state of affairs is measured. The benchmark is used to determine progress toward (or attainment of) an ultimate goal or outcome.

Community: A defined geographical area, such as a neighborhood, town or county.

Developmental Assets: Key building blocks critical for successful growth and development.

Domain: A targeted area or environment, often referred to as school, community, family and individual/peer.

Evaluation: Assessment of process toward meeting an intended outcome.

Goal: The end toward which effort is directed.

Interagency Coordinating Council for State Prevention Programs: Created by the 1993 Legislature, this council is comprised of seven Montana

state agency directors, the Chair of the Montana Children's Trust Fund, as well as two persons appointed by the Governor, both of whom have experience related to the private or nonprofit provision of prevention programs and services.

Intervention: Activities aimed at reducing the occurrence of problem behaviors.

Objective: A means to measure progress toward achieving an established goal.

Prevention: The proactive process of creating and sustaining conditions that addresses risk and promotes safety, personal responsibility and well-being.

- Primary prevention is successfully preventing the onset of problem behavior.

Continued on page 23

Dear Professor Prevention:

I keep hearing about the ICC. The ICC this, the ICC that. Everybody seems to know but me. What the heck is the ICC and what does it do?

Signed,
*Left Out in the
September Cold*

Dear Lefty:

The ICC is the Interagency Coordinating Council on State Prevention Programs. Its mission is to create and sustain a coordinated comprehensive system of prevention services in the state of Montana. By "prevention" they mean the proactive process of creating and sustaining conditions that address risk and promote the safety, personal responsibility and well-being of people.

The ICC has five goals:



Reduce child abuse and neglect by promoting child safety and healthy family functioning.



Reduce youth use of tobacco, alcohol and other drugs by promoting alternate activities and healthy lifestyles.



Reduce youth violence and crime by promoting the safety of all citizens.



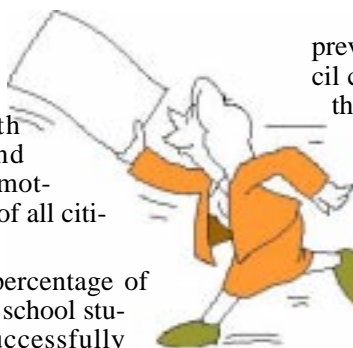
Increase the percentage of Montana high school students who successfully transition from school to work, post-secondary education, training and/or the military.



Reduce teen pregnancy and sexually transmitted diseases by promoting the concept that sexual activity, pregnancy and child rearing are serious responsibilities.

In order to accomplish all that, the Interagency Coordinating Council employs several strategies. They:

- **Coordinate**—Share information and bring together multi-agency procedures and policies for a harmonized statewide approach to prevention.
- **Plan**—Create an annual approach on how the Council will support a multi-agency effort to develop, implement, maintain and evaluate



prevention programs the Council considers successful to meet the five ICC goals.

- **Study**—Research and analyze options for financing a coordinated and comprehensive approach to prevention.
- **Budget**—Prepare and present a Unified Budget reflective of those prevention programs that meet the five ICC goals.
- **Evaluate**—Monitor programs that meet the five ICC goals and use benchmarks to measure their effectiveness and sustainability.
- **Education/Marketing**—Facilitate statewide recognition that the Council is the vehicle that unites Montana Agencies in their focus on prevention.

Now you know why everyone's talking: there's a lot to talk *about*. I hope you're not still shivering!

Yours in Prevention,
Professor Penelope Prevention

Definitions

Continued from page 22

- **Secondary Prevention** is also called *early intervention*, and is directed at *intervening in the early stages of risk behavior or the exhibition of problem behaviors associated with the risk behavior*.
- **Tertiary Prevention** is *treatment directed at the risk behavior, and also includes rehabilitation and relapse prevention*.

Program: *Services or activities that affect a particular population and that contain budgetary parameters.*

Protective Factor: *The combination of environmental assets, behaviors and attitudes protecting individuals from initially expressing problem behavior.*

Risk Factor: *The combination of behaviors and attitudes that can help predict the future occurrence of problem behavior.*

Risk Behavior: *Problem activities, e.g., Alcohol, Tobacco and Other Drug (ATOD) use.*

Well-being: *Healthy attitude, beliefs, and behavior.*

Welcome: New ICC Members

William Snell, Jr. has devoted his entire professional life to Native people. He is one of the founders of the In-Care Network and serves as its Executive Director. This organization proudly cites a highly successful 14-year history in therapeutic foster care for Native children. It recently formalized its training program and it is the sponsor of the Two Worlds Cultural Immersion Seminar. Bill is a member of the Crow Nation.

Jim Oppedahl was appointed Executive Director of the Board of Crime Control in April, 2000. Jim has nearly 25 years of experience working in the legislative, judicial and executive branches of state government. Jim is a former VISTA and Peace Corps Volunteer and served in the U.S. Army in Korea.

Day Minder

September 28, 2000

Montana Conference on Social Norms
Marketing
8:00 a.m. - 5:00 p.m.
Contact: Dr. Geoff D'Atri
(406) 285-4950
Medgad@aol.com

September 20-22, 2000

12th Annual Conference on the Services
for Children and Adolescents with
Emotional Disturbance and Their
Families
Cavanagh's Colonial Inn
Helena, Montana
For more information contact: Sue
Custer Extended Studies, Institutes
and Conferences Program
Montana State University
Bozeman, MT 59717
(406) 994-4930 (phone)

September 23, 2000

The Governor's Conference on
Marriage and Families
8:00 a.m. - 5:00 p.m.
Strand Union Building
Montana State University
For more information, contact Stephen F.
Duncan: sduncan@montana.edu

September 30, 2000

Youth will gather in Billings to showcase
Billings Promise and *Healthy Commu-
nities Healthy Youth* accomplish-
ments. National speakers and
workshops will to provide the tools
necessary to build assets.
For more information, call:
1-888-655-9886.

October 28, 2000

Make a Difference Day!

October 29-31, 2000

Governor's Conference on Civic
Engagement
For more information contact Roger
Stone at 406-444-4414 or
rstone@state.mt.us
Best Western Heritage Inn
Great Falls, Montana

The opinions expressed herein are not
necessarily those of The Prevention
Resource Center and the Addictive
and Mental Disorders Division of the
Montana Department of Public Health
and Human Services.

The Prevention Resource Center and
the Addictive and Mental Disorders
Division of the Montana Department of
Public Health and Human Services
attempt to provide reasonable
accommodations for any known
disability that may interfere with a
person participating in this service.
Alternative accessible formats of this
document will be provided upon
request. For more information, call the
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(406) 444-5986.

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Substance Abuse and Mental
Health Services Administration

A joint publication of the **Prevention Resource Center**
and the **Addictive and Mental Disorders Division**



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